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SEC Mail Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

JAN 16 2009

TEMPORARY
FORM D

Washington, DC NOTICE OF SALE OF SECURITIES
109 PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: January 31, 2009
Estimated average burden
hours per response. 4.0



| Name of Offering (check if this is an amendment and name has changed, and indicate change Not Applicable | .) |
|--|---|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Type of Filing: New Filing Amendment | 1 4(6) ULOE |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| - | |
| Multi-Financial Securities Corporation Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| | (800) 929-3485 |
| 1290 Broadway, Denver, CO 80203 Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | |
| Same as above | Same as above |
| Brief Description of Business A full-service brokerage firm. | |
| A full-service ofoxerage film. | |
| The CD in Continuous C | PROCESSED. |
| Type of Business Organization corporation limited partnership, already formed other (p | lease specify): 7 |
| business trust limited partnership, to be formed | JAN 27 2009 |
| Month Year | |
| Actual or Estimated Date of Incorporation or Organization: 1 1 7 9 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | 11101110011100 |
| GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 C notice in paper format on or after September 15, 2008 but before March 16, 2009. During that perinitial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using comply with all the requirements of § 230.503T. Federal: Who Must File: All issuers making an offering of securities in reliance on an exception under Regulated or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offectives and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address after the date on which it is due, on the date it was mailed by United States registered or centile. U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20. Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be must be a photocopy of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only any changes thereto, the information requested in Part C, and any material changes from the inform Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. | FR 239.500T) or an amendment to such a od, an issuer also may file in paper format an Form D (17 CFR 239.500) and otherwise lation D or Section 4(6), 17 CFR 230.501 et ffering. A notice is deemed filed with the U.S. e address given below or, if received at that rtified mail to that address. 1549. Inanually signed. The copy not manually signed report the name of the issuer and offering, |
| This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate each state where sales are to be, or have been made. If a state requires the payment of a fee as a p fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate s' Appendix to the notice constitutes a part of this notice and must be completed. | notice with the Securities Administrator in recondition to the claim for the exemption, a |

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| | | | A. BASIC | IDEN | TIFICATION DAT | 'A | | | | |
|---|----------------------|----------|-----------------------|----------------|---------------------|----------|----------|---|---------------------------------------|--|
| 2. Enter the information re | quested for the fol | lowing | : | | - | | | | - | |
| · Each promoter of the | issuer, if the issue | er has | been organized wit | thin th | ne past five years, | | | | | |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. | | | | | | | | | | |
| • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | | | |
| Each general and ma | | • | | • | J | , | | • | • | |
| | BB ber and. or | P | | | | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | X | Executive Officer | × | Director | | General and/or Managing Partner | |
| Full Name (Last name first, if | individual) | - | | | | | | | | |
| McEvoy, Patrick H. | | | | | | | | | | |
| Business or Residence Addre | ss (Number and S | trect, (| City, State, Zip Code | c) | | | · | | | |
| 1290 Broadway, Denve | r, CO 80203 | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | × | Executive Officer | × | Director | | General and/or Managing Partner | |
| Full Name (Last name first, if | individual) | | | | | | | | | |
| Simmers, John | | | • | | | | | | | |
| Business or Residence Addre | ss (Number and S | treet, C | City, State, Zip Code | =) | | | • | | | |
| 200 North Sepulveda B | lvd Suite 1300 |). El S | segundo, CA 902 | 245-5 | 670 | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | × | | × | Director | | General and/or Managing Partner | |
| Full Name (Last name first, if | individual) | | | | | | | | | |
| Marr, Mark | | | | | | | | | | |
| Business or Residence Addre | ess (Number and S | treet, C | City, State, Zip Code | =) | | | | | | |
| 200 North Sepulveda B | lvd., Suite 1300 |), El S | egundo, CA 902 | 245-5 | 670 | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | X | | X | Director | | General and/or Managing Partner | |
| Full Name (Last name first, if | individual) | | | | | | | | | |
| Duryea, Ashley | | | | | | | | | | |
| Business or Residence Addre | ess (Number and S | trect, C | City, State, Zip Code | ;) | | | | | | |
| 5780 Powers Ferry Roa | | | | | | | | | | |
| Cheek Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner | |
| Full Name (Last name first, if | individual) | | | | | | | | | |
| Business or Residence Addre | ess (Number and S | treet, C | City, State, Zip Code | :) | | | | | <u>.</u> | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner | |
| Full Name (Last name first, if | individual) | | | | | | | | | |
| Business or Residence Addre | ess (Number and S | treet, C | City, State, Zip Code | :) | | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner | |
| Full Name (Last name first, if | individual) | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Business or Residence Addre | ss (Number and St | rect, C | ity, State, Zip Code | ;) | | | | | | |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary) | | | | | | | | | | |

| | B. INFORMATION ABOUT OFFERING | | | | | | | | | | | |
|---|---|----------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|
| I . Has the | Yes No I. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | | | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | | 12 of 1% |
| 3. Does the offering permit joint ownership of a single unit? | | | | | | | | | | | | No 🔀 |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. It more than five (5) persons to be listed are associated persons of such a broker or dealer. you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) | | | | | | | | | | | | |
| Full Name | (Last nam | e first, if ir | ndividual) | | | | | | | | | |
| N/A | | | | | | | | | | | , | |
| | r Residenc | e Address | (Number a | nd Street. | City, State. | Zip Code) | | | | | | |
| N/A Name of A | \ engointed | Dealtos as | Donlar | | | | | | | | | |
| N/A | ASSOCIATEU | DIOKEI OI | Dealei | | | | | | | | | |
| | Which Pers | on Listed | Has Solicit | ed or Inter | rds to Solic | it Purchase | ers | | | | | |
| | States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | | | | | | | | | |
| | | | | - | 1001 | (OT) | (TST) | (DO) | (IT) | [C] A] | ب | |
| [AL] [IL] | [AK] [IN] | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] [MD] | [DC] [MA] | [FL] [MI] | [GA] [MN] | [HI] [MS] | [ID] [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [XT] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| | | | | | | | | | | | | |
| Full Name (Last name first, if individual) N/A | | | | | | | | | | | | |
| Business c | or Residenc | e Address | (Number a | and Street, | City, State | , Zip Code |) | | | | | |
| N/A | | | | | | | | | | | | |
| Name of A | ssociated l | Broker or : | Dealer | | | | | | | | | |
| N/A | | | | | | | | | | | | |
| | | | | | ids to Solic | it Purchase | ers | | | | | |
| (Chec | | es" or chec | k individua | al States) | | | | | | ••••• | 🗆 🗗 | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | (OH) | [OK] [WI] | [OR] [WY] | [PA] |
| נוטון | fac 1 | رمد | [114] | [IX] | [01] | [• 1] | [AV] | [WA] | [WV] | [44.1] | [44 1] | [PR] |
| Full Name | (Last name | first. if in | dividual) | | | | | - | | | | |
| N/A | | | | | | | | | | | | |
| Business o | r Residenc | e Address | (Number a | ind Street, | City, State | , Zip Code |) | | | | | |
| N/A | | <u> </u> | | | | | | | | - | | |
| Name of A N/A | ssociated I | Broker or I | Dealer | | | | | | | | | |
| | Vhich Person | on Listed | Has Solicit | ed or Inten | ds to Solic | it Purchase | ers | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | | | | | | | | | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [NI] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| already exchanged. | Aggregate | Amount Already |
|---|-------------------------------------|---|
| Type of Security | Offering Price | Sold |
| Debt | \$0- | <u> </u> |
| Equity | \$0- | <u>\$</u> -0- |
| Common Preferred | | |
| Convertible Securities (including warrants) | | _ \$ |
| Partnership Interests | | \$ -0- |
| Other (Specify Deferred Compensation) Obligations | S Unlimited | \$ |
| Total | § Unlimited | _ \$ |
| Answer also in Appendix, Column 3. if filing under ULOE. | | |
| purchases on the total lines. Enter "O" if answer is *'none" or "zero." | Number Investors | cipant elects to defer Aggregate Dollar Amount of Purchases |
| Accredited Investors | | _ <u> </u> |
| Non-accredited Investors | | _ \$ |
| Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. | | <u> </u> |
| If this filing is for an offering under Rule 504 or 505, enter the information requested for all securit | | |
| sold by the issuer, to date. in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1 | | |
| | | Dollar Amount Sold |
| first sale of securities in this offering. Classify securities by type listed in Part C Question 1 | Type of Security | |
| first sale of securities in this offering. Classify securities by type listed in Part C Question 1 Type of Offering | Type of Security | Sold |
| first sale of securities in this offering. Classify securities by type listed in Part C Question 1 Type of Offering Rule 505 | Type of Security | Sold \$ -0- |
| first sale of securities in this offering. Classify securities by type listed in Part C Question 1 Type of Offering Rule 505 Regulation A | Type of Security -00- | Sold \$ |
| first sale of securities in this offering. Classify securities by type listed in Part C Question 1 Type of Offering Rule 505 Regulation A Rule 504 | Type of Security -0000- | Sold \$ -0- \$ -0- \$ -0- |
| Type of Offering Rule 505 Regulation A Rule 504 Total Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure | Type of Security -00010- is | Sold \$ -0- \$ -0- \$ -0- |
| Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. | Type of Security -000- is | Sold \$ -0- \$ -0- \$ -0- \$ -0- |
| Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees | Type of Security -0- -0- -0- is | Sold \$ -0- \$ -0- \$ -0- \$ -0- \$ -0- \$ 5,500,00 |
| Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of t securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs | Type of Security -000- is | Sold \$ -0- \$ -0- \$ -0- \$ -0- \$ _0- \$ _19,000.00 |
| Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of t securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees. | Type of Security -000- is | Sold \$ -0- \$ -0- \$ -0- \$ -0- \$ _0- \$ _19,000.00 |
| Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees. Accounting Fees | Type of Security -000is | Sold \$ -0- \$ -0- \$ -0- \$ -0- \$ -0- \$ 19,000.00 |
| Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees | Type of Security -000- is | Sold \$ -0- \$ -0- \$ -0- \$ -0- \$ 5,500,00 \$ 19,000,00 \$ 13,000,00 \$ 10- \$ 10- \$ 10- |

| | C. OFFERING PRICE, NUMBI | ER OF INVESTORS, EXPENS | ES AND USE O | F PROCEEDS | | |
|-----|---|--|-----------------|--|------------------------|----------------------|
| | b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C-Que proceeds to the issuer." | estion 4.a. This difference is the | "adjusted gross | | s_ | ** |
| 5. | Indicate below the amount of the adjusted gross proced each of the purposes shown. If the amount for any pi check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C | urpose is not known, furnish a ie payments listed must equal th | ın estimate and | is not yet avai | lable and nt of con | l will be deter |
| | | | | Payments to Officers. Directors, & Affiliates | P | ayments to Others |
| | Salaries and fees | ****************************** | | <u> - 0 -</u> | _ 🔲 \$_ | - 0 - |
| | Purchase of real estate | | | | _ 🗆 🖫 | - 0 - |
| | Purchase, rental or leasing and installation of machin and equipment | iery | ,. | | _ []5_ | - 0 - |
| | Construction or leasing of plant buildings and faciliti | | | | | -0- |
| | Acquisition of other businesses (including the value offering that may be used in exchange for the assets of issuer pursuant to a merger) | or securities of another | | □\$ -0- | | - 0 - |
| | Repayment of indebtedness | | | | ~ U ~ | - 0 - |
| | Working capital | | | _ | | - 0 - |
| | Other (specify): | | | | _ 🗆 s_ | - 0 - |
| | | ····· | | _ | | |
| | | | | ss | _ 🗆 s_ | - 0 - |
| | Column Totals | | •••••• | _ s0 - | _ 🗆 \$_ | - 0 - |
| | Total Payments Listed (column totals added) | | | □ \$_ | - 0 - | |
| - | | D, FEDERAL SIGNATURE | | | | |
| gı | issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnish information furnished by the issuer to any non-accredit | h to the U.S. Securities and Ex | change Commis | sion, upon writte | | |
| 123 | ner (Print or Type) | Signature / / / / / / / / / / / / / / / / / / / | 1.66 | Date | | |
| | alti-Financial Securities Corporation | alik HM | Ex | 12- | 17- | 08 |
| lar | ne of Signer (Print or Type) | Litle of Signer (Print or Type) | | | | |
| Pá | ntrick H. McEvoy | President | | | | |
| _ | | | | | | |

END

| | 77 | | P1 | ^ | |
|-----|----|------|----|---|---|
| - A | T | Ni | H | u | N |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)